OMB number. 1652-0039
Expires 11/30/2011

Transportation Security Administration (TSA)
Claims Management Branch
Tort Claim Package

You have downloaded the Tort Claim Package for TSA. If you have suffered property damage/loss or a personal injury AND you believe that a TSA employee's negligence caused the incident, please fill out this package in it's entirety.

This is a fillable PDF document. Please fill out the form using your computer keyboard or print out the form and write out the information by hand. Be sure to fill out all the fields completely and accurately.
SIGN the forms and either MAIL them or FAX them to TSA.

INSTRUCTIONS FOR COMPLETING TSA CLAIMS PACKAGE:

CLAIM SUFFICIENCY: In order for a claim to be processed it must have these 5 items (called facial sufficiency)

1. The claim must be *SUM CERTAIN* - This means that an exact U.S. Dollar Amount must be entered in box 12d.
2. The claim must have a *SPECIFIC DATE* - This means there must be a specific date of incidence.
3. The claim must name a *SPECIFIC LOCATION* - This means that the incident should have a specific place that it happened.
4. It must have a *STATEMENT OF FACT* - In other words, be as detailed as possible. The more accurate and detailed the description, the faster an investigation and determination will be made. Be sure to remember names, places, and events. Avoid assumptions, they can actually hinder the investigation and may delay your claim.
5. A claim must have a *SIGNATURE* - Without a full legal signature (preferably in blue ink), even the most accurate and detailed claim is not sufficient

NINE USEFUL HINTS:

To speed the process of your claim, the following should be included with your claim:

1. Purchase receipt of the ORIGINAL item lost or damaged. (If unavailable; credit card statements, bank statements, appraisals, etc.)
2. Boarding Passes, copies of Baggage Tags, and any other Air Carrier or TSA documents related to this trip
3. Repair Estimates (if unable to repair, a written statement from the repair shop is required)
4. Replacement Estimates
5. Photographs of lost/damaged items (past or present)
6. Police, Witness, or Incident Reports (if applicable)
7. Air Carrier/Other company claim reports
8. Fill out the claim form completely (front and back). Blanks may delay your claim
9. Submit a claim immediately. Delay in filing a claim can make gathering information difficult or inaccurate

WHERE TO SUBMIT FORMS:

U.S. Mail Address:
TSA Claims Management Branch
601 South 12th Street - TSA 9
Arlington, VA 20598-6009

FAX:
(571) 227-1904

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Once Submitted, you should receive an acknowledgement letter from TSA within three weeks if you submit the claim by USPS (within 6 days if submitted by fax). This letter will include a TSA control number and instructions. Use this control number to check the status of your claim, or for any other communications with the TSA Claims Management Branch.

IMPORTANT:

TSA has seventeen airports that utilize private screening services and does not handle claims for incidents that occur at these airports.

1. San Francisco (SFO), CA
2. Kansas City (MCI), MO
3. Sioux Falls (FSD), SD
4. Rochester (ROC), NY
5. Tupelo (TUP), MS
6. Jackson Hole (JAC), WY
7. Charles Shulz-Sonoma County (STS), CA
8. Key West (EYW), FL
9. Roswell (ROW), NM
10. E. 34th St Heliport (6N5), NY
11. Havre City-County (HVR), MT
12. Lewistown (LWT), MT
13. Glasgow (GGW), MT
14. L.M. Clayton (OLF), MT
15. Sidney-Richland (SDY), MT
16. Dawson Community (GDV), MT
17. Frank Wiley Field (MLS), MT

Claims pertaining to these airports must be filed directly with the company providing screener services at the applicable airport. To find out more about filing a claim for an incident that occurred at one of these private screening airports, please visit www.TSA.gov.

CLAIM FOR DAMAGE, INJURY, OR DEATH	**INSTRUCTIONS:** Please read the instructions below carefully and supply all the information requested. You will receive an **Acknowledgement Letter** and **Control Number.**	FORM APPROVED OMB NO. 11050008

1. Submit To Appropriate Federal Agency:

Claims Management Branch
TSA (TSA - 9)
601 South 12th Street
Arlington, Virginia 20598-6009

571.227.1300
tsaclaimsoffice@tsa.dhs.gov

2. Name, Address of Claimant and claimant's personal representative, if any. (See instructions above.) *(Number, street, city, state, and zip code)*

Claimant Information:		**Claimant's Representative: (if any)**	
Full Name:		Full Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Country:		Country:	

3. Type of Employment:	4. Date of Birth:	5. Marital Status:	6. Day and Date of Incident:	7. Time: (A.M. or P.M.)
☐ Military ☐ Civilian		☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower		

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof)

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT: (Number, street, city, state, country, and Zip Code)

Full Name: Address: City, St. & Zip: Country:

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE, AND LOCATION WHERE PROPERTY MAY BE INSPECTED.

10. PERSONAL INJURY / WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM.
IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT..

11. WITNESSES

1. Name:		Address/Phone:	
2. Name:		Address/Phone:	
3. Name:		Address/Phone:	

12. AMOUNT OF CLAIM (In U.S. Dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL Failure to specify maycause forfeiture of your rights)

I CERTIFY THAT THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE: (See instructions below)	13b. PHONE NUMBER OF SIGNATORY:	14. DATE OF CLAIM:

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant is liable to the United States Government for the civil penalty of not less than $5,000 and not more than $10,000, plus three times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than five (5) years or both. (See 18 U.S.C. 287, 1001.)

PRIVACY ACT NOTICE

This notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a (e) (3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority*: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

ADDITIONAL INSTRUCTIONS

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/his authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative. If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by component evidence as follows:
(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested component persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in an invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Director, Torts Branch Civil Division
U.S. Department of Justice
Washington, DC 20530

and to:

Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance?

☐ YES, If yes, give name and address of insurance company *(number, street, city, state, and zip code) and policy number.* ☐ *NO*

16. Have you filed a claim on your insurance carrier in this instance, and if so, is tfull coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? *(it is necessary that you ascertain these facts)*

19. Do you carry Public Liability and property damage insurance?

☐ YES, if yes, give the name and address of the insurance company (*number, street, city, state, and zip code)* ☐ *NO*

SUPPLEMENTAL INFORMATION - SF-95 CLAIM FOR DAMAGE, INJURY, OR DEATH

20. Claimant Email Address:	21. Did the incident take place at: (please check one) ☐ Passenger Security Screening Checkpoint? ☐ Checked Baggage Screening Location	OMB number 1652-0039 Expires 11/30/2011
22. At which Airport did the incident occur?	23. Did you use a Skycap, Porter service, or other third-party service? ☐ YES ☐ NO	24. Was your checked baggage delayed? ☐ YES, if yes, for how long? ☐ NO

25. If this was a Checked Baggage incident, **Why do you believe that TSA was Responsible?**

26. Write down your COMPLETE travel itinerary. (include airline names, flight numbers, arrival/departure times, etc.)	27. If this is a Checked Baggage incident, please write down your baggage tag numbers.
28. At the time of the incident, were you in the Military or a Federal employee **and** on official travel? ☐ YES, if so, for whom: ☐ NO	29. Did you file any type of incident report with the airline, airport, TSA, or any law enforcement agency? ☐ YES, if so, please explain and leave an incident report number: ☐ NO

PLEASE BE SURE TO ATTACH ALL RECEIPTS, ESTIMATES OF REPAIR, APPRAISALS, OR ANY OTHER DOCUMENTS THAT CAN SUBSTANTIATE THE VALUE OF THE ITEMS THAT WERE LOST OR DAMAGED.

Text

FOR ALL DAMAGED BAGGAGE, YOU MUST GET A REPAIR ESTIMATE

SUBMISSION DIRECTIONS:

1. **Use the button on the right to PRINT this form.**
2. **SAVE this electronic PDF form for your records.**
3. **SIGN the printed form at the bottom of page 2.**
4. **INCLUDE all receipts, estimates, proof of flight documents, baggage tags, etc.**
5. **MAIL or FAX your printed claim and backup documentation.**

Print Claim

WHERE TO SUBMIT FORMS:

FAX:
(571) 227-1904

U.S. Mail Address:
TSA Claims Management Branch
601 South 12th Street - TSA 9
Arlington, VA 20598-6009

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Paperwork Reduction Act Statement of Public Burden: TSA is collecting this information in order to thoroughly investigate and resolve your tort claim against the agency. The public burden for this collection of information is estimated to be approximately 30 minutes. This is a voluntary collection of information; however, failure to provide this information may delay or hinder the processing of your claim. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0039, which expires 11/30/2011.

Privacy Act Statement: AUTHORITY: 28 U.S.C. 1346(b), 1420(b), 2671-2680. PRINCIPAL PURPOSE(S): This information will be used to investigate your claim against the Transportation Security Administration (TSA). ROUTINE USE(S): This information may be shared with the Department of Justice in review, settlement, defense, and prosecution of claims involving matters over which TSA exercises jurisdiction, or for routine uses identified in the TSA's system of records notice, DHS/TSA 009 General Legal Records. DISCLOSURE: Voluntary; failure to furnish the requested information may result in an inability to thoroughly investigate your claim and may therefore result in an inability to award you payment on your claim.